MDR Tracking Number: M5-02-2822-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the physical therapy services were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that the physical therapy services fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 1/25/02 to 3/19/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 18th day of December 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

December 13, 2002

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-02-2822-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on ___ external review panel. This physician is board certified in physical medicine and rehabilitation. ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case

for a determination prior to the referral to ___ for independent review. In addition, ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 49 year-old female who sustained a work related injury on ___. The patient slipped and fell on a wet floor injuring her back. Initial assessment was muscular tenderness with spasm of lumbar muscles and she was treated with medication and physical therapy. An MRI was performed on 1/29/02 showing at the L4-5 level there is posterior 2-3 mm disc protrusion pressing on the anterior thecal sac with moderated bilateral facet hypertrophy narrowing the lateral recess on each side. MRI also showed L5-S1 2mm annular disc bulge. The diagnosis for this patient was herniated disc at L4-L5 and L5-S1 levels after the MRI.

Requested Services

Physical Therapy services rendered from 1/25/02 through 3/19/02.

Decision

The Carrier's denial of coverage for these services is upheld.

Rationale/Basis for Decision

___ physician reviewer noted that the patient had sustained a work related injury on ___ to her back. ___ physician reviewer explained that the patient was treated with physical therapy and that the medical records provided showed that she had made marginal improvements in range of motion of her back after 1/3/02. ___ physician reviewer also indicated that the patient's upper and lower extremity strength had improved by 1/17/02. ___ physician reviewer also explained that the patient was attending physical therapy 4 times a week and that there were small improvements prior to 1/25/02 but that there were no objective improvements thereafter. Therefore, ___ physician consultant concluded that the physical therapy sessions from 1/25/02 through 3/19/02 were not medically necessary to treat this patient's medical condition.

Sincerely,